

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037729

**Entity Name:** L.M. QUALITY MANAGEMENT SERVICE CORP.

**Current Principal Place of Business:**

L.M. QUALITY MANAGEMENT  
6200 W. FLAGLER ST. # 410  
MIAMI, FL 33144

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC2906177146**

**Current Mailing Address:**

L.M. QUALITY MANAGEMENT  
6200 W. FLAGLER ST. # 410  
MIAMI, FL 33144 US

**FEI Number: 65-0412770**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NUNEZ, LUZ  
6200 W FLAGLER ST  
410  
MIAMI, FL 33144 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NUNEZ, ALEXANDER  
Address 6200 W FLAGLER ST. #304  
City-State-Zip: MIAMI FL 33144

Title TD  
Name NUNEZ, LUZMARY  
Address 6200 W FLAGLER ST. #304  
City-State-Zip: MIAMI FL 33144

Title SD  
Name NUNEZ, AMADO  
Address 6200 W FLAGLER ST. #304  
City-State-Zip: MIAMI FL 33144

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LUZMARY NUNEZ**

**TREASURER**

**02/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date